

State of Wisconsin
Circuit Court

**Notice to Victims
(Juvenile Court Intake)**

To:

Intake Case Number
County
Case Type <input type="checkbox"/> Delinquency <input type="checkbox"/> In Need of Protection/Services under ch. 938 <input type="checkbox"/> Ordinance/Civil Law

As required by §938.346, Wisconsin Statutes, the following information is being provided to you because you were the victim of a crime allegedly committed by juvenile(s). If there is more than one juvenile involved in the incident, you may receive a letter for each juvenile involved.

☐ A. The juvenile's case was closed on _____
Date

(or)

☐ B. The juvenile's case has been closed in this county and referred to _____ County where the juvenile resides.

(or)

☐ C. The juvenile was placed on a Deferred Prosecution Agreement (DPA), which will be in effect from _____ to _____
Date Date

This DPA is an agreement in which the juvenile must meet certain responsibilities and is signed by the juvenile, parent or guardian and the intake worker. Some of these responsibilities may include staying out of trouble, regular school attendance, community service and restitution.

- ☐ Restitution in the amount of \$_____ is a requirement of this DPA.
☐ Providing repairs or services to the victim is a requirement of this DPA.

If the obligations of the agreement are not met, the DPA can be revoked and a petition to bring the juvenile into court may be filed by the District Attorney's Office. If the DPA is revoked because the juvenile failed to meet his/her obligation(s), and a petition is filed, you will be contacted by the District Attorney's Office.

Note: See attachment for additional information regarding your rights and options.

Further questions about this notice may be directed to the Juvenile Court Intake Office. The juvenile court intake worker cannot disclose any further information about this case or the juvenile(s) involved, and cannot give legal advice.

All decisions by Intake are reviewed by the District Attorney's Office or Corporation Counsel's Office.

Original - Victim
Copy - Juvenile intake worker

Signature
Name Printed or Typed
Date
Telephone Number